

NOV 4 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis**

(No. on route, City Hosp. #1, St. Ward)

File No. **39150**Registered No. **10181**

## 2. FULL NAME

**Stanford Forcen**(a) Residence, No. **4251 W. North Market St.** St. **11** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Helen Forcen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 12th 1885**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.

**51 6 22**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Bell Hop**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Hotel**

10. Date deceased last worked at this occupation (month and year) **10/4/36** 11. Total time (years) spent in this occupation **25**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Columbia Ind.**

13. NAME **Robert Forcen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Louisa Riddle**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT (ADDRESS) **Helen Forcen 4251 W. North Market St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Church Oct 9 1936**

19. UNDERTAKER (ADDRESS) **Chas. J. Gaus 4107 Finney Ave.**

20. FILED **OCT 9 1936 J. Bredeck Registrar.**

## MEDICAL CERTIFICATE OF DEATH

**No physician in attendance**  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 4 1936**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... **1:50 P.**

The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis; Chronic Interstitial Nephritis; Arterio-sclerosis.**

Date of onset

Other contributory causes of importance: **131**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

(Signed) **Harold J. Gaus** M. D.  
(Address) **St. Louis**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

